

State of Tennessee  
 Department of Environment and Conservation  
 Division of Air Pollution Control  
 William R. Snodgrass Tennessee Tower  
 312 Rosa L. Parks Avenue, 15<sup>th</sup> Floor  
 Nashville, TN 37243  
 Telephone: (615) 532-0554



APC 115

## NON-TITLE V PERMIT APPLICATION PROPOSED SCHEDULE OF CORRECTIVE ACTION

Please type or print.			
<b>DIRECTIONS</b>			
Return two copies of completed form for each source named in the Transmittal Letter to the address above. Complete both sides of this form. Sign and date at the bottom of the reverse side.  For assistance in completing this form, Call: _____  at Phone number: : _____		For APC use only	APC Company point no.  <hr/> Reviewer  <hr/> Date  <hr/>
The following statement of corrective action is submitted to describe action which will be taken to control emissions that are not in compliance with the regulations or other applicable requirements of the Tennessee Division of Air Pollution Control. The Technical Secretary of the Tennessee Air Pollution Control Board will examine this schedule in determining what enforcement action may be necessary in regard to such emissions.			
<b>SITE AND CONTACT INFORMATION</b>			
<b>1. Organization's legal name</b>			
<b>2. Site name</b> (if different from legal name)			
<b>3. Site address</b> (St./Rd./Hwy.)			
City or distance to nearest town		Zip code	
<b>4. Responsible person/Authorized contact</b>		Phone number with area code	
Mailing address (St./Rd./Hwy.)		Fax number with area code	
City	State	Zip code	Email address
<b>EMISSION SOURCE INFORMATION</b>			
<b>5. Nature of business</b>			
<b>6. Brief description and details of operation and emissions:</b>			

(continued)

**CORRECTIVE ACTION**

**7. Methods:** Describe the emission and proposed method of control. The description should be sufficient to enable the Division to evaluate the situation. Include the efficiency of each piece of control equipment to be used.

**8. Status:** Describe what action you have already taken, if any, to correct this situation.

**COMPLIANCE SCHEDULE**

**9. Note:** This schedule will only be considered for approval if the information requested in this section is supplied.

Scheduled events	Final Date (Month and Year)	Comments:
Letting of Contracts		
Initiation of Construction		
Completion and Start-up		
Performance Tests		
Submittal of Test Analysis and results		

**SIGNATURE**

Based upon information and belief formed after a reasonable inquiry, I, as the responsible person of the above mentioned facility, certify that the information contained in this application and any attached application(s) is accurate and true to the best of my knowledge. As specified in TCA Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

<b>10. Signature</b> (application must be signed before it will be processed)		<b>Date</b>
<b>Signer's name</b> (type of print)	<b>Title</b>	<b>Phone number with area code</b>

**FOR APC USE ONLY**

Control number: \_\_\_\_\_ Reviewer: \_\_\_\_\_

( ) Proposed Method, Equipment and Compliance Schedule Acceptable

Date: \_\_\_\_\_

( ) Proposed Compliance Schedule NOT ACCEPTABLE

Recommended Schedule: \_\_\_\_\_

( ) Proposed Method and Equipment NOT ACCEPTABLE

Recommended Method and Equipment \_\_\_\_\_